

2630

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>134</u>
District	<u>Jefferson</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>122</u>
Town or City	<u>Pima</u>	No. _____	Local Registrar's - No. <u>108</u>
2. FULL NAME <u>Oran F. Fisher</u>		No. _____ St. _____ Ward _____	
(a) Residence. No. _____ (Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Single</u>	16. DATE OF DEATH (month, day, and year) <u>5-20-1924</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>X</u>			17. I HEREBY CERTIFY, That I attended deceased from <u>5-20-1924</u> to <u>5-20-1924</u>
6. DATE OF BIRTH (month, day and year) <u>5-20-1924</u>			that I last saw her alive on, <u>20-1924</u>
7. AGE	Years	Months	Days
—	—	—	—
8. OCCUPATION OF DECEASED			and that death occurred, on the date stated above, at <u>11:30 P.M.</u>
(a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business or establishment in which employed (or employer)			<u>Premature & ill defined</u>
(c) Name of employer			(duration) yrs. mos. ds.
9. BIRTHPLACE (city or town) <u>Pima</u>			CONTRIBUTORY (Secondary) <u>Premature</u>
(State or country)			(duration) yrs. mos. ds.
10. NAME OF FATHER <u>James Fisher</u>			18. Where was disease contracted if not at place of death?
11. BIRTHPLACE OF FATHER <u>Arizona</u>			Did an operation precede death? <u>No</u> Date of _____
12. MAIDEN NAME OF MOTHER <u>Mary H. Fisher</u>			Was there an autopsy? _____
13. BIRTHPLACE OF MOTHER <u>Arizona</u>			What test confirmed diagnosis?
(State or country)			(Signed) <u>J. V. Taggart</u> , M. D.
14. Informant (Address) <u>John F. Fisher</u>			1924 (Address) <u>Pima</u>
15. Filed <u>June 9, 1924</u> <u>Hattie W. Schirak</u>			* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
V. S. No. 1			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima</u>
County Registrar.			20. UNDERTAKER <u>none</u>
			DATE OF BURIAL <u>5-21-1924</u>
			ADDRESS _____